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SUBJECT: NIGERIA - RECENT OUTBREAKS OF MEASLES AND MENINGITIS

¶1. Summary. From January to April 2008 reports indicate there have been 20,549 suspected cases of measles (5,798 confirmed) with sixty-four recorded deaths. This is compared to the 6,400 suspected cases for all of 2007. About eighty percent of the confirmed cases for this year are in children under 5, with an estimated 92% of those unvaccinated. Despite the reported high vaccination rates for measles, the data is often unreliable. As of April 19, there have been 4,500 reported cases of cerebrospinal meningitis (CSM), with 351 deaths. The last CSM epidemic in Nigeria was in 1996-1997 when over 200,000 cases were reported with a 10% death rate. The recent outbreaks have been primarily in northern Nigeria and are expected to increase with a major outbreak expected within the next 1-2 years. It is important that the Government of Nigeria (GON) adopt a comprehensive strategy for reducing measles mortality and containing CSM to halt their spread. However, there still exists poor political will on immunization for major diseases and high level discussions must continue to highlight the inherent weaknesses in the GON vaccination programs. End Summary.

Measles Primer

¶2. Measles is an acute, highly communicable viral disease distinguished by fever, cough, conjunctivitis (pink eye), and coryza (runny nose). It is transmitted by airborne contact with nasal or throat secretions of infected persons. A red blotchy rash generally appears between days 3 to 7 of the illness, beginning on the face, then generalizing on the remainder of the body and can last up to one week. The disease is more severe in infants and adults than in children. The most severe symptoms are likely to occur in malnourished children. Complications can arise from the replication of the virus in the body, or from subsequent bacterial infection. Some complications include diarrhea, encephalitis, and pneumonia. All persons who have not had the disease or who have not been successfully immunized against measles are susceptible.

The Global Measles Situation

¶3. Despite the existence of a safe, effective, and inexpensive measles vaccine for over 40 years, measles is still the leading vaccine preventable killer of children around the world. Each year there are about 35 million cases of measles and over 600,000 deaths globally. Over 50% of all measles deaths occur in Africa. In 2003 the World Health Assembly adopted the target of reducing global measles deaths by 50% from 875,000 cases worldwide in 1999. It recommends the WHO/UNICEF comprehensive immunization strategy for sustainable measles mortality reduction.

Measles in Nigeria

¶4. In the tropics, measles occurs primarily in the dry season. As evidenced over the last six months in Nigeria, there have been numerous outbreaks. Measles catch-up vaccination campaigns for all

children less than 15 years were conducted in northern Nigeria in December 2005 and in southern Nigeria in October 2006. Administrative measles vaccine coverage from those campaigns was reported at over 90% in the north, and over 75% in the south. Despite the reports of high vaccination coverage, the quality of the data is poor and unreliable. This, combined with poor routine immunization coverage for children born between 2006 and the present, has resulted in large numbers of children still unvaccinated, which is contributing to the outbreak of measles this year. While the measles burden remains high in Nigeria, it is lower than that observed prior to the 2005/2006 catch-up campaigns.

Recent measles outbreaks in Nigeria

15. Between January and April 2008 there have been over 20,549 suspected cases of measles reported in Nigeria of which 5,798 have been confirmed. Sixty-four deaths have been recorded. This compares with approximately 6,400 suspected cases for 2007. About eighty percent of the confirmed cases for 2008 are in children under 15. Of these, an estimated 92% are reported to be in children unvaccinated against measles. States in the northern part of the country such as Kano, Katsina, Kebbi, Kaduna, Jigawa, and Borno are most heavily affected. More outbreaks are expected during the measles high season due to the accumulation of susceptible children as a result of low routine immunization coverage.

The Government of Nigeria's (GON) Response

16. In Nigeria, one dose of measles vaccine is recommended for all children between 9 months and 1 year of age. However, this

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recommendation is not attainable in the current environment where lack of political will, inadequate supply and poor distribution of the vaccine continues to erode the already weak routine immunization program. In an effort to utilize the polio eradication program to improve the immunization coverage of other vaccines, the GON instituted the Immunization Plus Days (IPDs) strategy in 2006. The IPDs strategy has contributed significantly to reducing the number of children infected with the wild polio virus. It also provides the opportunity to offer some routine antigens (such as measles vaccine). Despite the efforts of IPDs, and due to a very weak routine immunization delivery system, large numbers of children continue to miss vaccination, which has contributed to the outbreak of measles in 2008. In an effort to reach more children with measles vaccine to prevent outbreaks of this kind in 2009, the GON is in the planning stages of a national Integrated Measles Campaign, which will be held in November and December 2008. While the GON has committed in principle to bearing 50% of the operational costs associated with the upcoming campaign, sources for the majority of the funding is unclear and planning has remained largely inadequate for the enormity of this activity.

Cerebrospinal Meningitis (CSM) Primer

17. CSM is an acute bacterial disease which is characterized by sudden onset of fever, intense headache, nausea, vomiting, neck stiffness and sensitivity to light. CSM is transmitted through direct human contact with respiratory droplets from the nose and throat of infected individuals. The incubation period is usually within 2 to 10 days. CSM fatality rates can approach 50%, and approximately 20% of CSM survivors suffer long-term effects including mental retardation, hearing loss, and loss of limb use. Several serogroups of meningitis exist and vaccines have been developed to target specific serogroups. In the event of an epidemic, children and young adults would likely be disproportionately affected. Meningococcal polysaccharide vaccine is usually effective for outbreak control, and specifically effective for serogroups A and C.

The Global CSM Situation

¶8. Epidemic meningococcal disease remains a major public health challenge in the African "meningitis belt" which extends from Senegal to Ethiopia, with a population of 300 million people. The estimated number of meningitis cases in this region between 1995 and 2005 was approximately 700,000 of whom about 10% died.

CSM in Nigeria

¶9. As of 19 April, there have been 4,500 reported cases of CSM in Nigeria since the beginning of the year, with 351 deaths. Sixty-four local government areas (LGAs) in 11 states have been affected, with 5 LGAs categorized as having crossed the epidemic threshold. Historically, the African Meningitis Belt experiences a 10-12 year cyclical pattern of CSM epidemics. The last epidemic in Nigeria was 1996-1997, when more than 200,000 cases of CSM were reported, and a 10% death rate. Based on historical patterns, it is possible that Nigeria will experience a major outbreak of CSM within the next 1-2 years.

Recent Outbreaks of CSM and GON Response

¶10. Nine states are primarily affected with CSM - Bauchi, Gombe, Jigawa, Katsina, Kebbi, Niger, Sokoto, Yobe and Zamfara. It is expected that further outbreaks will occur this year. The GON is in the process of procuring 6 million doses of CSM vaccine for covering the at-risk population in the affected LGAs; however, the pace is slow. [Comment: According to the WHO, the funding for this vaccine should have been available in the first week of May; however the Ministry of Finance has been known to significantly delay the release of funds for immunization activities. End Comment]. In addition, the GON and Development Partners (WHO, UNICEF, USAID, World Bank, etc.) have developed a proposal for submission to the International Coordinating Group (ICG) on Vaccine Provision for Epidemic Meningitis Control, for an additional 800,000 doses of CSM vaccine. Should the GON funding be released in a timely manner, and the ICG vaccine be accessed, this quantity of vaccine should be sufficient to stem further outbreaks and position Nigeria better to minimize outbreaks for 2009's high CSM transmission season. The Ministry of Health held a three-day training on enhanced CSM surveillance for State epidemiologists and laboratory personnel from 22 high risk states between April 15-17, 2008.

¶11. Comment. Measles immunization activities have the potential to

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reach many children, but often the opportunity is missed, as insufficient quantities of measles vaccines are available to meet the demand. It is important that Nigeria adopts and promotes comprehensive strategies for measles mortality reduction. These strategies include improving routine immunization services, conducting follow-up campaigns as planned for November and December 2008, strengthening case-based surveillance for measles, and improving case management through vitamin A supplementation, antibiotics, and symptomatic treatment. For CSM, containing a major outbreak and managing cases depends on accurate identification of the disease and laboratory confirmation of the causal organism. Preventive measures should include vaccinations, reducing overcrowding in living quarters and workplaces, particularly in schools and dormitories. Unless these steps take place, CSM will remain a major public health challenge in Nigeria and the African "meningitis belt". In general there exists poor political will from the GON on immunizations. The Ambassador has engaged President Yar'Adua on the importance of polio eradication and immunization, and she and the USAID Director followed that up in a ministerial meeting (see Abuja 815). While the President has indicated substantial concern and recognition of this problem, to date this has not translated to increased activity or efficiency of immunization program implementation or release of resources. High level discussions should continue to highlight the inherent weaknesses in the GON immunization programs. End Comment.

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